

now their duty to ensure that they faithfully execute existing laws to benefit the American people. If they fail to do so, or intentionally sabotage the current healthcare system, they will surely be held accountable by the American people.

Democrats don't want to see that happen. We reject the premise of some kind of death spiral. By the way, the Congressional Budget Office—an independent bipartisan group, but its director appointed by Republicans—said it was not only not on a death spiral, but it was stable.

The yardstick by which we all ought to be judged is not whether the law succeeds just enough, but whether we can work together—work together, work together—to make the law work as best it can, to benefit as many Americans as it can.

President Trump, speaking at that rostrum, looked directly into the TV camera of 100 million-plus Americans and said: I want every American to have health insurance that will be cheaper and higher quality than we have today.

Mr. President, if you send such a bill to this House, I will vote for it. I haven't seen a bill like that, but if I see it, and if you send it down here, and that is your commitment, I will vote for it.

Mr. Speaker, I hope my friends across the aisle will take a lesson from last week that, to paraphrase the President, health insurance is indeed complicated, and that it will truly take both parties working together towards consensus to meet the healthcare challenges we face.

Our constituents and our country is counting on us not to fight, not to throw bricks at one another, but to act in their best interest. And what I urge the Trump administration to do, Mr. Speaker: Do no harm until you have a bill that accomplishes what you said to the American people you want to accomplish. Mr. President, do no harm. Ensure that the American people continue to have access to affordable, quality health care.

HONORING SERVICE OF DR. THOM MASON

The SPEAKER pro tempore (Mr. JENKINS of West Virginia). The Chair recognizes the gentleman from Tennessee (Mr. FLEISCHMANN) for 5 minutes.

Mr. FLEISCHMANN. Mr. Speaker, I rise today to honor the service of Dr. Thom Mason, who has served as the director of the Oak Ridge National Laboratory for 10 years. Thom joined ORNL in 1998 as a condensed matter physicist, and quickly demonstrated his talents as a visionary scientific leader.

He led the completion of the one-of-a-kind Spallation Neutron Source, which has provided a decade of exceptional research. When promoted to lab director, Thom led ORNL to many other successes: the development of

two supercomputers which at different times ranked as the most powerful in the world; and ORNL's Manufacturing Demonstration Facility, which is revitalizing American manufacturing.

Thom served our community as chairman of the Oak Ridge Public Schools Education Foundation, leading the multimillion-dollar expansion of Oak Ridge High School; and as chairman of Innovation Valley, a regional economic development partnership.

Thank you, Dr. Thom Mason, for many years of dedicated service to the great State of Tennessee and our Nation.

□ 1030

HEALTH CARE, NOT WEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. AL GREEN) for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, I will say today what I said when we were working to pass the Affordable Care Act, what we said when we were having some 181 witnesses to appear over a 2-year period having 79 hearings: I said then that I would fight to make sure that health care would not become wealth care in the richest country in the world. I still stand on that basic premise.

We cannot allow health care to become wealth care in the richest country in the world. Wealth care is where the wealthy will receive the very best care that is available; and the poor will get care, but it won't be health care. It will be sickness care. It will be sickness care because, when they are sick, they will be able to go to an emergency room and get care. When they are sick, they will be able to get emergency care, which will cost all of us more, but they won't get preventive care. They will get stabilized if they have diabetes, but they won't get the continued care that they need to treat that disease. We don't want, in the richest country in the world, health care to become wealth care.

Recently, we had a piece of legislation that was going to accord the 400 richest families in this country \$7 million a year. That was what the bill would have done that failed. The 400 richest families making \$3 million a year would get \$7 million additional every year in the final analysis ad infinitum. That is \$7 million additionally.

We are the richest country in the world. We can afford to take care of those who find themselves living in the streets of life who cannot take care of themselves. We cannot allow health care to become wealth care in the richest country in the world. How rich are we? Well, one year a man made \$3 billion. By the way, he is not the only person to make this kind of money. I just use this kind of example.

A minimum wage worker making \$7.25 an hour, it will take that worker 198,000 years to make \$3 billion. That man making \$3 billion will get the best

wealth care this country can afford. But we have got to make sure that those who are working at minimum wage, working full-time, living below the poverty line, make sure that they get the best health care.

I am a proud Texan. I love my State, but I don't like what we have done when it comes to health care. Texas has refused to help those living in the streets of life. We look out for those living in the sweets of life. We take care of them. But Texas has the opportunity to receive \$100 billion—with a B—to expand Medicaid.

Medicaid expansion, this is for those persons who are not as fortunate as we are here in Congress who will have the best health care in the world, by the way, as we cut health care for those who cannot afford it, as we cut the expansion of the Affordable Care Act for those persons who would get Medicaid, as we cut Medicaid. We are going to have good health care.

Texans who happen to be oil barons and rich, are going to have good health care. We are going to have good health care. But those who need Medicaid, who could benefit from the \$100 billion that the State of Texas has refused to accept and has never said that it wasn't needed, are not. There has never been a case made for a lack of need for the \$100 billion to help Medicaid expansion for people who are in need of help and need of health care.

Mr. Speaker, we cannot allow this in the richest country in the world—and we are. Don't let people try to convince you that we are broke. We are not broke. We can afford to take care of people who need health care.

I will close with this: we ought to have a sense of responsibility for every person in this country who may get sick. There is this notion of, but for the grace of God, there go I. If we had been fortunate enough to have good health, remember, you may not always. But for the grace of God, there go I.

ANTI-SEMITISM AT THE UNITED NATIONS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, last Congress, I joined several of our colleagues in forming the Bipartisan Task Force for Combating Anti-Semitism.

As a co-chair, a distinction that I am proud to share alongside my pals, ELIOT ENGEL, CHRIS SMITH, TED DEUTCH, KAY GRANGER, NITA LOWEY, PETER ROSKAM, and MARC VEASEY, it is important to call attention to anti-Semitism in all of its forms and to work to root it out whenever we can. I am also extremely honored to have been named by Speaker RYAN to the U.S. Holocaust Memorial Council earlier this year.

As we know, it was the anti-Semitic attitudes across Europe, in the 1920s